FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

To be used by Fersons (Other than Fontical Committees) including Quained Nonpront C	
(a) Name of Individual, Organization or Corporation	
LEAGUE OF CONSERVATION VOTERS INC	
(b) Address (number and street)	
(c) City, State and ZIP Code	
WASHINGTON DC 20036	3. FEC Identification Number
	C C90005786
2. Corporate filers only Is the filer a qualified nonprofit corporation? X Yes No	
Individual filers only Name of Employer	Occupation
A TWE OF DEPONT ()	
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Report
☐ July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \(\text{X} \)	
5. COVERING PERIOD: FROM M M M M M M M M M M M M	
THROUGH	
M M / D D / Y Y Y O O 6 Y	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	32050.92
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Barbara McIntosh	10/20/2006
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC Schedule 5 (Rev. 09/2005)

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FOR LINE 7 FOR FORM 5

AME OF FILER (In Full) LEAGUE OF CONSERVATION VOTERS	INC			
Full Name (Last First Middle Initial) of Payer				
Full Name (Last, First, Middle Initial) of Payee				Date
Mailing Address				M M / D D / Y Y Y Y Y Y A Amount
915 Lead Ave SW#W				250.00
City Albuquerque	State NM	Zip Code 87107	Э	250.00
Purpose of Expenditure		Category/		Office Sought: X House State: NM
canvasser - pymt for svcs		Туре	001	House Senate District: 01
Name of Federal Candidate Supported or Oppo Madrid	sed by Expenditure:			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		1078	25.43	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Am Ex: Post office				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 297812				Amount
City	State	Zip Code		48.00
Ft Lauderdale	FL	33329		
Purpose of Expenditure		Category/	004	Office Sought: House State: PA
postcard postage		Туре	001	Senate X Senate District:
Name of Federal Candidate Supported or Oppo	sed by Expenditure:	•		President
Casey				Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		47	39.13	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee				
The state of the s				Date M M / D D / Y Y Y Y
Mailing Address 803 N Bambrey St				Amount 2 0 0 6
-				25.00
City Philadelphia	State PA	Zip Code 19103	e	
Purpose of Expenditure		Category/	004	Office Sought: House State: PA
canvasser - pymt for svcs		Туре	001	Senate X Senate District:
Name of Federal Candidate Supported or Oppo Casey	sed by Expenditure:			President Occase
				Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		47	87.13	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expen	ditures			323.00
(b) SUBTOTALof Unitemized Independent Exp	enditures			
(c) TOTAL Independent Expenditures(carry total from last page forward to				

SCHEDULE 5-E

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EMIZED INDEPENDENT EXPENDITU	RES		FOR LINE 7 FOR FORM 5		
AME OF FILER (In Full)					
LEAGUE OF CONSERVATION VOTERS	INC				
Full Name (Last, First, Middle Initial) of Payee			1		
Am Ex: Post office			Date		
7 III ZXI T GGC GIIIGG			1 0 D D / Y Y Y Y Y Y 2 0 0 6		
Mailing Address			Amount		
PO Box 297812					
City	State	Zip Code	48.00		
Ft Lauderdale	FL	33329			
Purpose of Expenditure		Catananii	Office Sought: X House State: PA		
postcard postage		Category/ Type 001	State: 174		
		,,	House Senate District: 07		
Name of Federal Candidate Supported or Oppor	sed by Expenditure	:	President —		
Sestak			Check One: X Support Oppose		
			Disbursement For: Primary General		
Calendar Year-To-Date Per Election		4698.95			
for Office Sought			Other (specify)		
Full Name (Last, First, Middle Initial) of Payee			Date		
			M M / D D / Y Y Y		
Mailing Address			10 20 2006		
803 N Banbrey St			Amount		
-	Otala	7'- 01-	25.00		
City	State PA	Zip Code 19103			
Philadelphia	PA	19103			
Purpose of Expenditure		Category/	Office Sought: X House State: PA		
canvasser - pymt for svcs		Type 001	House Senate District: 07		
Name of Federal Candidate Supported or Oppos	sed by Expenditure	:	President District:		
Sestak			Check One: X Support Oppose		
			Disbursement For: Primary General		
Calendar Year-To-Date Per Election		4746.95			
for Office Sought		4740.55	Other (specify)		
Full Name (Last, First, Middle Initial) of Payee			Date		
Mailing Address			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Mailing Address 6455 Wasco			Amount		
			150.00		
City	State	Zip Code			
Willings	MT	59105			
Purpose of Expenditure		Category/	Office Sought: House State: MT		
canvasser - pymt for svcs		Type 001	Senate X Senate		
Name of Federal Candidate Supported or Oppor	sed by Expenditure	:	President District:		
Tester	-		Check One: X Support Oppose		
Calendar Year-To-Date Per Election		104000 40	Disbursement For: Primary General		
for Office Sought		104888.43	Other (specify)		
I .					
(a) SUBTOTAL of Itemized Independent Expend	ditures		223.00		
L., 302. C. T. L. S. Romines Macportain Export					
(b) SUBTOTALof Unitemized Independent Expo	enditures				
(2) COSTOTALO CINCONIZOS MOOPONOCIL EXP	J G. (G.)				
(c) TOTAL Independent Expenditures					

(carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee				Date
				M M / D D / Y Y Y
Mailing Address				10 / 19 / Y Y Y Y
3170 Solar Blvd				Amount
City	State	Zip Code		200.00
Billings	MT	59102		
Purpose of Expenditure		Category/	Offi	ce Sought: House State: MT
canvasser - pymt for svcs		Type 001		ce Sought: House State: MT Senate X Senate
Name of Federal Candidate Supported or Oppo	sed by Evnenditure:	-	\exists	President District:
Tester	sea by Experiantic.		Che	eck One: X Support Oppose
Calendar Year-To-Date Per Election		105020 42		oursement For: Primary General
for Office Sought	<u> </u>	105038.43		Other (specify)
Full Name (Last, First, Middle Initial) of Payee			•	Date
The Element Agency				M M / D D / Y Y Y
Mailing Address				10 19 2006
101 E 15th St, 2nd fl				Amount
City	State	Zip Code		31304.92
New YOrk	NY	10003		
Purpose of Expenditure		Category/	Offi	ce Sought: House State: MT
literature production and mailing		Type 006	ء الـــ	Senate X Senate
Name of Federal Candidate Supported or Oppo	sed by Expenditure:		┤ `	President District:
Tester	, .		Che	eck One: X Support Oppose
			Disk	oursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought		105238.43		_ · <u>_</u>
Tor Office Sought				Other (specify)
(a) SUBTOTAL of Itemized Independent Expen	ditures			31504.92
(a) 111111111111111111111111111111111111				
(b) SUBTOTALof Unitemized Independent Exp	enditures			
•				20052.00
(c) TOTAL Independent Expenditures				32050.92
(carry total from last page forward to	Line /)			